

Physical Nutrition Management Risk Screen

Name: _____ Date: _____

NFOCUS #: _____ Assessor/Title: _____

Purpose: To evaluate and mitigate the risks associated with physical and nutrition management.

	Question:	Yes	No	weight
1	Individual chews with mouth open 50% of the time or more?			2.23
2	Individual is dependent on someone else to perform their oral cares?			2.23
3	Individual consumes food or liquids in large volumes 50% of the time or more? (big portion bites or			3.34
4	Individual is currently taking meal supplement(s) (Ensure, Ensure pudding, Boost, etc.)			1.86
5	Individual has trouble biting food due to missing teeth or an inability to bite down very well?			2.60
6	Individual currently has a modified food texture or liquid consistency diet?			3.15
7	Individual vocalizes or laughs with food in mouth 50% of the time or more?			0.00
8	Individual is unable to express self verbally (and/or individual has a tracheostomy)?			2.04
9	Individual consumes meal in 10 minutes or less 50% of the time or more?			0.00
10	Individual gets distracted when eating 50% of the time or more? (laughing, vocalizing, talking)			2.23
11	Individual has uncoordinated movements of the tongue, lips, or teeth?			3.34
12	Individual has had skin breakdown in the past year due to positioning, brace, or orthotic (or around a stoma site)?			2.78
13	Individual ever refuses liquids?			2.60
14	Individual takes medication for or has acid reflux or GERD?			3.15
15	Individual drools or loses saliva at most or at all times?			2.97
16	Individual receives oral medications crushed and/or in liquid form?			2.78
17	Individual loses food from mouth while eating 50% of the time or more?			2.60
18	Individual uses adaptive equipment during meal times or with medication administration?			2.04
19	Individual is physically dependent on staff for oral intake 50% of the time or more?			3.34
20	Individual's ability to support his/her neck has worsened in the past year?			3.15
21	Individual engages in self-injurious or abnormal behaviors at or around meals?			2.04
22	Individual is unable to swallow or spit after oral intake?			3.71
23	Individual had change in weight of 5% or more of total body weight within 1 month over the past year? (if individual lost weight on purpose, answer "no")			2.60
24	Individual has been diagnosed with pneumonia two or more times in the past year?			3.90
25	Individual ruminates (regurgitates food or stomach contents)?			0.00
26	Individual fatigues or tires during meals 50% of the time or more?			2.97
27	Individual is unable to close his/her lips around a drinking glass?			0.00
28	Individual has refused 5 or more meals in one week within the last month?			3.15
29	Individual pockets or holds food in his/her mouth 50% of the time or more?			3.15
30	Individual's sitting position does not provide adequate support when eating? (slouching, leaning)			3.34
31	Individual has a vision or hearing impairment that interferes with oral intake/ability to eat?			2.23
32	Individual's head of bed is elevated?			2.41
33	Individual coughs numerous times during or after oral intake?			4.08
34	Individual spits out food?			2.41
35	Individual exhibits self-stimulation behavior during meal times?			2.23
36	Individual has an albumin blood level less than 3.0? (If unknown, answer "no")			3.15
37	Individual has had a choking episode in the past year?			0.00
38	Individual has Pica behavior? (purposeful eating or ingesting of inedible substances)			2.60
39	Individual pools saliva and will not swallow it?			3.53
40	Individual gags during meals?			4.08